

Arizona Health Improvement Plan

Behavioral Health Services

Criteria	Health Issue Data/Information
Scope or Magnitude of the Problem <ul style="list-style-type: none"> How many people across Arizona are affected by the health issue? 	<ul style="list-style-type: none"> Behavioral health services are available to all Arizonans based on an individual's alignment to eligibility criteria; including AHCCCS eligibility and meeting serious mental illness criteria A safety net of crisis service providers is available to everyone The National Institute for Mental Health (NIMH) estimates that 26.2% of Americans experience a diagnosable mental disorder in a given year which would translate into 1,736,175 Arizonans annually There are approximately 170,000 Arizonans actively engaged with ADHS contracted Regional Behavioral Health Authorities (RBHAs) at any given time
Severity (Morbidity / Mortality) <ul style="list-style-type: none"> Does the health issue result in death, disability, or ongoing illness? 	<ul style="list-style-type: none"> Arizona's population of over 40,000 individuals with a serious mental illness (SMI) die an average of 31.8 years earlier than the general population; largely due to (1) the impact of co-morbid chronic physical health conditions that are not adequately managed and (2) the loss of life from suicide For many individuals, quality of life is also significantly compromised due to these conditions
Potential to Impact (Winnable Battle) <ul style="list-style-type: none"> What resources (funding, workforce, programs, etc.) are available to address the health issue? Can progress be made on the health issue within five years? Could addressing the health issue also address other problems at the same time? 	<ul style="list-style-type: none"> The Division of Behavioral Health Services receives approximately \$1.6 billion annually to support delivery of behavioral health services throughout the state; including integrated behavioral and physical health care for individuals with a serious mental illness in Maricopa County and a handful of zip codes in Pinal County ADHS is seen as an industry leader in terms of offering a robust continuum of crisis safety net service providers, behavioral health led integrated care, and a clear commitment to advancing evidence-based practices throughout Arizona. This approach promises to improve both behavioral and physical health for all individuals engaged within the system of care Improvement can be made over the course of five years; including a marked increase in life span disparity and performance in key quality of life metrics such as service satisfaction, social connectedness, HEDIS, employment and meaningful community activity through integrated care with an outcomes-based focus
Cost-Effectiveness <ul style="list-style-type: none"> What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? 	<ul style="list-style-type: none"> A lack of proactive recovery-focused services and prevention activities translates into higher cost healthcare interventions such as inpatient and residential treatment. Additionally, there are notable physical health care costs associated co-morbid chronic physical health conditions that are often not treated near onset. Other indirect costs include costs associated with incarceration of individuals with mental illness that might otherwise benefit from jail diversion when adequate behavioral health resources are available. Loss of income is also a key contributor to the overall

<ul style="list-style-type: none"> • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue? 	<p>cost of mental illness</p> <ul style="list-style-type: none"> • The World Health Organization reports that mental illness is the leading cause of disability adjusted life years worldwide; accounting for 37% of health years lost. The report estimates the global cost of mental illness at \$2.5 Trillion; nearly 2/3rds in indirect costs. NIMH reports that direct mental health expenditures in the United States represent \$57.5 billion annually or \$1,591 per person • The efforts of the next five years focus on using existing funding to maximize the proliferation of evidence-based practices, advancing the use of technology to supply data to drive decisions, fostering independence through permanent supportive housing and supported employment and integrated care to eliminate the huge life span and quality of life disparities that exist for individuals within the seriously mentally ill population
<p>Quality of Life</p> <ul style="list-style-type: none"> • How does the health issue impact daily living activities? • How does it impact usual activities, such as work, self-care, or recreation? 	<ul style="list-style-type: none"> • Mental disorders and serious mental illness are diagnosed based on demonstrating evidence of specific symptomology and functional impact to the person; including employment, relationships (social connectedness), recreation and daily living skills. Service delivery is evolving to advance more community-based rehabilitation services that assist individuals in achieving their goals; an approach often delivered by peers with living mental illness experiences. ADHS is improving health and wellness for all Arizonans through these efforts; including this exceptionally vulnerable population engaged in behavioral health services
<p>Disparities</p> <ul style="list-style-type: none"> • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc. 	<ul style="list-style-type: none"> • Behavioral health challenges broadly impact all groups although there are lower rates of engagement in behavioral health services for many groups
<p>Evidence-based Models Exist</p> <ul style="list-style-type: none"> • Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities? 	<ul style="list-style-type: none"> • There are a multitude of SAMHSA-defined evidence based practices implemented throughout the behavioral health system of care. As part of the agreement to end litigation in the Arnold lawsuit, ADHS has committed to the advancement of (1) assertive community treatment – ACT, (2) Consumer Operated Services , (3) Permanent Supportive Housing, and (4) Supported Employment
<p>Community Readiness / Interest in Solving</p> <ul style="list-style-type: none"> • What's the degree of public support and/or interest in working on the health issue? 	<ul style="list-style-type: none"> • There is a significant motivation to continuously improve behavioral health services and integrated behavioral health and acute care services for some many of Arizona's most vulnerable populations. All counties are impacted and Maricopa County (and a handful of zip codes in Pinal County) currently has a contracted integrated RBHA for the SMI population with Greater Arizona targeted

<ul style="list-style-type: none"> Which counties include this issue as a community health priority? 	to integrate in October 2015
<p>Arizona Ranking below the US data</p> <ul style="list-style-type: none"> Is Arizona doing better or worse than the U.S.? How much better or worse are we doing compared to the nation? 	<ul style="list-style-type: none"> In many ways, Arizona is recognized as leaders in the behavioral health field; particularly around our advanced crisis system, peer involvement in service delivery and behavioral-health led integrated system of care. When it comes to life span disparity of individuals with a serious mental illness and the general public (NASMPD 2006), Arizona was identified as having the largest disparity in the 2000 data with a life expectancy 31.8 years less than the general population compared with 25 years nationally
<p>Political Feasibility</p> <ul style="list-style-type: none"> Is there enough support from elected officials or other policymakers to help move a strategy to implementation? 	<ul style="list-style-type: none"> Yes. There is broad support and funding allocated through Medicaid, Federal Block Grants, County Funds and State General Funds in place to continue delivery of services and advancement of integrated care. State General Funds are in place to help fund the commitments to end Arnold litigation
<p>Trend Direction</p> <ul style="list-style-type: none"> Has the health issue been getting better or worse over time? 	<ul style="list-style-type: none"> Growing awareness of mental illness and Medicaid restoration have contributed to an increase in number of individuals receiving behavioral health services in Arizona. Outcomes are improving but service providers are reporting an increase in acuity for individuals served